



Policy Clarification 2023-08-01

Title: TransMed vs. Working Healthy at Review

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From: Erin Kelley, Senior Manager

Program(s) Impacted: All Medical Programs

The purpose of this document is to provide clarification of how to process a review for a Caretaker Medical (CTM) recipient now reporting a disability. This guidance is intended to promote understanding of the prioritization of MAGI vs. non-MAGI programs and ensure that consumers are correctly screened for the Transitional Medical (TMD) program prior to the Working Healthy (WKH) program in order to receive the maximum level of benefits.

NOTE: This clarification has no impact on the KEES Medical Hierarchy Chart. That chart is for system purposes and describes the order in which an individual is screened for all medical programs depending on the Requested Medical Type (RMT) selected. It does not account for MAGI vs. non-MAGI screening, which must be considered by staff when making eligibility decisions.

A. CTM with Reported Earnings

A CTM recipient who has earnings at review may qualify for TMD when they meet certain criteria, see KFMAM 2230 and MKEESM 7534. TMD provides 12 months of continuous Medicaid coverage to adult caretakers whose earnings have increased since their last CTM determination. When a CTM recipient reports a disability at review and no longer qualifies for CTM due to excess earnings, a TMD determination must be made prior to screening for WKH.

Example: A CTM review is received for an adult and child. The adult reports a disability along with earnings exceeding the limits for the CTM program. While a reported disability with earnings would be an indicator of WKH eligibility, because the individual has been receiving CTM they must be screened for TMD first.

NOTE: The exception to this would be if 1) it was identified that WKH would be more beneficial to the applicant and/or 2) the applicant made a specific request

to be determined for another program, such as WORK, which would require them to be on WKH (see MKEESM 8400.1).

B. Income from Other Sources

In order to qualify for TMD, the income must be from earnings, and it must be received by the individual previously receiving CTM. Unearned income alone, such as Social Security benefits, does not qualify a CTM recipient for TMD; likewise, income received by another non-CTM household member such as a new spouse would not qualify other members for TMD. In these situations, if the recipient reports a disability, TMD can be ruled out and the review may be processed for non-MAGI based eligibility.

Example: A CTM review is received for an adult primary applicant (PA) and child. The PA reports a disability and also reports a spouse living in the home. The PA has no earnings, but the spouse has earned income that is over the limit for CTM. The PA will not be eligible for TMD as the earnings are for the spouse only. The PA may be processed for E&D programs (not WKH as the PA does not have earnings).

For questions or concerns related to this document, please contact the KDHE Medical Policy Staff at KDHE.MedicaidEligibilityPolicy@ks.gov.

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